

## PART B - FEE(S) TRANSMITTAL

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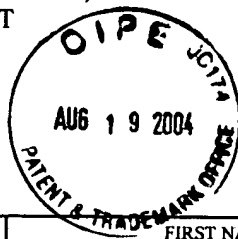
500.40852VX1

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020457 7590 05/19/2004

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1300 NORTH SEVENTEENTH STREET  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,184	09/08/2003	Munetaka Tsuda	500.40852VX1	8419

TITLE OF INVENTION: MAGNETIC RESONANCE IMAGING APPARATUS ASSEMBLY METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HONG, JOHN C	3726	029-464000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Antonelli, Terry, Stout  
& Kraus, LLP

1 \_\_\_\_\_  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI MEDICAL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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(Authorized Signature)

Melvin Kraus # 22,466

(Date)

August 19, 2004

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08/20/2004 MMEKONE1 00000219 10656184

01 FC:1501  
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